

## Foster Family Home - Corrective Action Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, NA

Review ID: 1-190030-1

91-1025 Leleoi Street

Reviewer: Angel England

Ewa Beach

HI 96706

Begin Date: 4/17/2019

### Foster Family Home

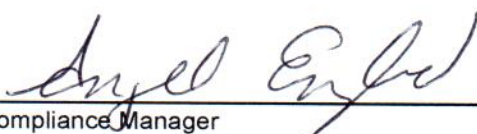
### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

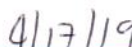
Comment:

6.d.1 Home inspection performed for a 2 bed new home application. Home met all compliance requirements at the time of the home inspection.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date